PREHOSPITAL DETERMINATION OF DEATH

Date

I. AUTHORITY: *Health and Safety (HS) Code 1797.220 and 1798.*

II. APPLICATION: This policy provides guidelines for first responders and emergency medical technicians to identify patient viability and indications for resuscitation in the prehospital setting.

III. DEFINITION: "**Declared dead**" means a victim may be "declared dead" or "non resuscitable" by first responder or EMT without base hospital (BH) direction when, in addition to full cardiopulmonary arrest (absence of respiration, cardiac function and neurological reflexes), the patient exhibits one or more of the following:

- Decapitation
- Rigor mortis and/or post-mortem lividity
- Decomposition
- Incineration
- Massive crush injury and/or evisceration of the heart or brain
- Traumatic cardiac arrest.

Note: Signs of death may be misleading. Normal skin reactions may look like lividity, while poor hygiene and/or gangrene may be mistaken for "decomposition." Burn victims may appear to be "incinerated" but still be alive. In these cases, rhythm should frequently be confirmed with a cardiac monitor. Hypothermia (low body core temperature, e.g., cold water drowning, exposure, etc.), especially in children, elderly and debilitated, may simulate death."

IV. GUIDELINES: A. Patients Not Meeting Criteria for "Declared Dead":

A patient who cannot be "declared dead" as defined above shall be treated with appropriate resuscitative measures.

BH physicians have the responsibility and authority to determine the medical appropriateness of initial and continued resuscitative efforts. Resuscitative efforts

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need not be continued if the BH physician feels they are not indicated (e.g., unwitnessed collapse with asystolic rhythm). Resuscitative efforts may be discontinued if the

patient fails to respond to advanced life support measures in the field (successful endotracheal intubation, defibrillation if appropriate, intravenous access, and rhythm appropriate medications) with a viable rhythm or return of spontaneous circulation.

When resuscitation is stopped in the field and the patient pronounced dead, the rescuer should remain on scene until the arrival of the investigative law enforcement agency. The family should be supported and assisted.

B. Patients Meeting Criteria for "Declared Dead":

When the patient is "declared dead" resuscitative measures are not indicated and may be terminated by a rescuer. The BH need not be contacted. The rescuer shall complete and file an OCEMS-approved Prehospital Care Report (PCR) documenting the complete assessment. The white PCR copy of the PCR shall be left at the scene for the Coroner's office. If the form is left with local law enforcement personnel, the rescuer shall emphasize to the law enforcement personnel that the PCR form must accompany the body to the Coroner's office. The OCEMS office copy of the PCR form shall be mailed within ten (10) days to the BH prehospital program coordinator for ALS responses and to the OCEMS agency for BLS responses.

C. Procedures for Patients Meeting Criteria for "Declared Dead":

If the initial assessment reveals only the "rigor mortis", "post-mortem lividity," or "traumatic cardiac arrest" criteria for "declared dead," the rescuer shall perform the following patient assessment:

NOTE: Assessment steps may be performed concurrently.

1. Assessment of respiratory status by:

   - Assuring that the patient has an open airway.
   - Looking, listening, and feeling for respirations. This shall include auscultation of the lungs for a minimum of 30 seconds.

2. Assessment of cardiac status by:

   - Palpating a central pulse for a minimum of 15 seconds.

- Auscultating for the apical pulse for a minimum of 15 seconds.

- Paramedics should perform cardiac monitoring for a minimum of 60 seconds to determine the presence or absence of cardiac electrical activity (rhythm strip shall be attached to PCR form).

3. Assessment of neurological reflexes by checking for:

   - Pupil response with a penlight or flashlight.

   - A response to painful stimuli.

4. The presence of any of the above signs of life requires resuscitative intervention.

5. For traumatic cardiac arrests, rescuers may use their judgment in terms of the amount of time of cardiac arrest and time to the hospital in determining the appropriateness of resuscitative interventions.

D. Patients with Do-Not-Resuscitate Requests

Patients who have a DO-NOT-RESUSCITATE Request should be treated according to OCEMS Agency Policy/Procedure #330.51 or BH direction.

E. Triage:

1. In a multiple victim incident (MVI), care must be prioritized in favor of victims most likely to benefit. (Note: **ALL** victims of a MVI **MUST** receive EMT or EMT-P level assessment **AND** documentation which may be according to START Triage Criteria.)

2. In a mass casualty incident (MCI), follow the MCI Plan, Policy/Procedure #900.00.